

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 15 1957

35095

STATE FILE NUMBER

Registration District No. 59

Primary Registration District No. 4097

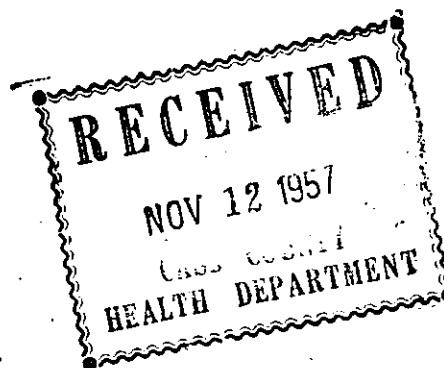
Registrar's No. 163

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Harrisonville</u>		c. CITY OR TOWN <u>Harrisonville</u>	
c. FULL NAME OF DECEASED (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>1104 Main St</u>	
3. NAME OF DECEASED (Type or print) First <u>CHARLES</u> Middle <u>A.</u> Last <u>DEALY</u>		4. DATE OF DEATH Month <u>Nov</u> Day <u>4</u> Year <u>1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept 27 1882</u>
9. AGE (In years last birthday) <u>75</u>		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life) <u>Farmer - Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <u>Jackson Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Wm H Dealy</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Florence Bradley</u>	
14. NAME OF HUSBAND OR WIFE <u>Willie A. Dealy</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>889-305-2519</u>		17. INFORMANT <u>Hilla A. Dealy Harrisonville, Missouri</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>URemia</u> DUE TO (b) <u>Chronic Nephrosclerosis</u> DUE TO (c) <u>446X</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): <u>Rheumatoid Arthritis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>100 days</u> <u>UNKNOWN</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>4</u> Month <u>Nov</u> Day <u>4</u> Year <u>1957</u> a.m. <u>✓</u> p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Harrisonville Mo</u>	
20g. COUNTY <u>Cass</u>		20h. STATE <u>Mo</u>	
21. I attended the deceased from Death occurred at <u>2 PM</u> <u>1957</u> to <u>Nov. 4, 1957</u> and last saw <u>her</u> alive on <u>Nov. 4, 1957</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>O. J. Barger MD</u> (Degree or title)	
22b. ADDRESS <u>Harrisonville Mo</u>		22c. DATE SIGNED <u>5 Nov. 1957</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Nov 5 1957</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Orient Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Harrisonville Mo</u>	
24. FUNERAL DIRECTOR <u>Rummenbuger</u>		25. DATE RECD. BY LOCAL REG. <u>Nov 5 1957</u>	
26. REGISTRAR'S SIGNATURE <u>Dora Barger</u>		(Licensed Embalmer's Signature on Reverse Side)	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

MAR 31 1958
JAN 15 1958



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed James R. Phillips

Licensed Embalmer No. 4641

P. O. Address Narragansett

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.